



**INSTALLMENT AGREEMENT REQUEST**

**Instructions**

If you would like to make scheduled payments on your outstanding liability, complete this form. A payment agreement fee of \$45.00 will be charged and added to your liability. If you have an open sales license, please contact the Taxpayer Service Center that serves your county to discuss your account. If your company qualifies for the Job Development Credit, you will be considered "not current" until all returns are filed and liabilities are paid in full.

A minimum down payment of 10% of the total balance due is required with this request. Refunds seized and applied to liabilities in the agreement will reduce the total agreement amount but will not substitute for regular scheduled payments. Penalty and interest will continue to accrue until paid in full. **All future tax returns must be timely filed and paid for the agreement to remain in effect.**

Your check must be made payable to the SC Department of Revenue. Please note your name and social security number on the check. You may be required to make future payments with certified funds or with electronic methods available through the Department. You will be notified if your request is approved, denied, or if additional information is needed.

Please check one of the following payment options:

\_\_\_\_\_ Electronic Funds Withdrawal (EFW) allows funds to be automatically withdrawn from your checking or savings account on a pre-assigned date. **Please attach your voided check or your micro specification sheet with this application for the account you request to be drafted.**

\_\_\_\_\_ Check, Certified Funds, or Electronic Funds Transfer (ePAY). Upon approval, coupons will be mailed to you. You may submit payment electronically by going to the agency's website at [www.sctax.org](http://www.sctax.org), click on the link to EPay. EPay will allow you to provide payment by credit card (MasterCard or VISA) or by electronic funds withdrawal (EFW) from your bank account.

If you have any questions about installment agreements, call (803) 898-5000 or your local Taxpayer Service Center listed on the back of this form.

I hereby waive my right to appeal any outstanding Proposed Notice Of Assessment (PNOA) and/or Notice of Adjustment or Proposed Assessment (NOA) and consent to any PNOA or NOA being included in the requested payment agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my consent to the South Carolina Department of Revenue to obtain a full credit report if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this application and down payment to SCDOR, Central Office, Columbia, SC 29214-0217 or the Taxpayer Service Center that serves your county.**

First Name (if joint, also give spouse's name) or Business Name	Last Name	Your Social Security Number
		FEI

Telephone Number and Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

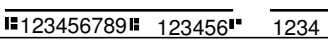
Place of Employment \_\_\_\_\_ Place of Employment (spouse) \_\_\_\_\_

Business Telephone Number or Daytime Phone Number \_\_\_\_\_ Business Telephone Number (spouse) \_\_\_\_\_

Type Tax and Periods Covered \_\_\_\_\_

Proposed Monthly Payment Amount \_\_\_\_\_ Proposed Payment Due Date (1st thru 28th) \_\_\_\_\_

Banking Institution	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number		
Account Number		

Your Name	_____ 20__
Your Address	<b>SAMPLE</b>
Pay to	_____ \$ _____
	
↑ RTN	↑ ACCT

Submission of my account information is authorization that:

1. The South Carolina Department of Revenue and its designated financial agents initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated for payment of my South Carolina taxes owed, and
2. My financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

Under the items of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date. I understand that notification must be made in writing and faxed to Electronic Services at (803) 898-5339.

Your Signature	Date
Spouse's Signature	Date

### Taxpayer Service Centers

The South Carolina Department of Revenue is ready to assist you at 6 locations around the state. You will find the address, telephone numbers and counties served for each location listed below.

**Columbia Main Office:** 301 Gervais Street  
P.O. Box 125  
Columbia, S.C. 29214  
Phone: 803-898-5000  
Fax: 803-898-5822

**Greenville Service Center:** 211 Century Drive  
Suite 210-B  
Greenville, S.C. 29607  
Phone: 864-241-1200  
Fax: 864-232-5008

**Charleston Service Center:** 3 Southpark Circle  
Suite 202  
Charleston, S.C. 29407  
Phone: 843-852-3600  
Fax: 843-556-1780

**Myrtle Beach Office:** 1330 Howard Parkway  
Myrtle Beach, SC 29577

**Florence Service Center:** 1452 West Evans Street  
P.O. Box 5418  
Florence, S.C. 29502  
Phone: 843-661-4850  
Fax: 843-662-4876

**Rock Hill Service Center:** 454 South Anderson Road  
Business and Technology Center  
Suite 202  
P.O. Box 12099  
Rock Hill, S.C. 29731  
Phone: 803-324-7641  
Fax: 803-324-8289

**COLUMBIA**  
Aiken  
Allendale  
Bamberg  
Barnwell  
Edgefield  
Greenwood  
Lexington  
McCormick  
Newberry  
Orangeburg  
Richland  
Saluda  
Calhoun

**CHARLESTON**  
Beaufort  
Berkeley  
Charleston  
Colleton  
Dorchester  
Georgetown  
Hampton  
Jasper

**GREENVILLE**  
Abbeville  
Anderson  
Laurens  
Oconee  
Pickens  
Spartanburg  
Union  
Greenville

**FLORENCE**  
Chesterfield  
Clarendon  
Darlington  
Dillon  
Florence  
Horry  
Lee  
Marion  
Marlboro  
Williamsburg  
Sumter

**ROCK HILL**  
Cherokee  
Chester  
Kershaw  
Lancaster  
York  
Fairfield